

AN EVALUATION OF TREATMENT IN THE MAINE ADULT DRUG COURTS

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EXECUTIVE SUMMARY: TREATMENT AS PART OF DRUG COURTS IN MAINE

Drug courts are a critical component of the treatment system for offenders in Maine. Treatment is provided by local community providers and funded by the Office of Substance Abuse (OSA) while the drug court is run by the courts with cooperation from probation and pretrial services. Maine undertook the treatment component in the drug courts through the design and implementation of a treatment process that has: 1) screening for substance abuse; 2) engaging the offender in multi-phase treatment programs that begins with motivation enhancements and ends with maintenance; and 3) ensuring quality by providing staff with training in the use of the treatment protocol and then monitoring through quality control mechanisms. The manualized DSAT curriculum provides the treatment staff with a tool that guides the offender through the recovery process. The questions raised are whether the DSAT curriculum advances the recovery of offenders and the ways in which the drug court affects outcomes from treatment. This study examined these issues.

DSAT Curriculum: A Good Investment

As part of a broader study, the researchers contracted with two experts in the field to review the degree to which the DSAT curriculum could be considered evidenced-based practice. One of the experts was an academician and the other was a practitioner that is highly recognized in the field. Both reviewers observed that the treatment is well-designed relying on cognitive behavioral tenets to assist the offenders with the recovery process. The treatment consists of three main phases: motivational enhancement, intensive skill-based cognitive behavioral sections devoted to stabilizing the offender and identifying factors that affect use, and maintenance to reinforce the skills learned during the intensive phases. The treatment is manualized with a specific curriculum for each session along with corresponding goals and objectives and exercises for each session. Additionally, specialized sessions are devoted to female and male offenders.

Reviewers of the DSAT curriculum as well as the current researchers also observed that while the curriculum was sound, the practice of integrating the treatment within the drug court programming needed several modifications to comply with components of evidence-based practice. The three areas that were noted are: 1) no standardized method was available to make eligibility based on the offender's risk level, instead the tendency was for each drug court to have their own process to determine risk level and most often than not risk was defined by legal charge and the prosecutor's office; 2) the drug courts did not have defined set of graduated sanctions and incentives to address the behavior of offenders; and 3) the curriculum does not deal with the ancillary services that offenders often need in terms of criminal value systems, housing, transportation, and so on.

To determine the quality of the services delivered to offenders, the researchers also observed the tapes from the quality assurance component of the treatment sessions. (OSA hired a consultant to review the tapes on a regular basis to give the treatment providers feedback on the quality of the sessions delivered to clients. The purpose of these tapes is to give the counselors appropriate feedback on the delivery to build their processing skills.) The researchers reviewed the tapes on four dimensions: 1) adherence to the treatment session; 2) usage of appropriate cognitive behavioral techniques; 3) usage of appropriate processing techniques; and 4) achievement of session goals and objectives. The researchers reviewed 10 tapes and found that the counselors overall adhered to the curriculum and used cognitive techniques. Counselors needed more practice in terms of processing information provided by the offenders, an advanced clinical skill. Overall, most of the session goals were met.

Treatment: Offenders Progress except when Control Sanctions are Used

To measure the impact of the DSAT treatment, the researchers recruited 99 subjects in nine months to participate in a study of the drug court. The 99 subjects from each of six drug courts agreed to participate in a baseline and follow-up interviews. The interviews included the following assessments to measure: 1) legal pressure, 2) severity of addiction behavior, 3) psycho-social measures of adjustment and recovery, and 4) rapport with counselors. Additionally the study reviewed the offender's performance in the drug court. The data was used to identify factors that predict positive outcomes which can be used to advance the drug court and treatment programming. Using administrative data, the researchers were able to determine that the subjects recruited for this study are similar to offenders participating in the drug court.

The study was designed as a process study to examine the offenders as they progress through the drug court. In the study, 34 (34%) were in the motivation phase, 39 (39%) in the intensive phase, 18 (18.2%) in maintenance phase, and 8 in the post-DSAT phase at intake. The average length of time in each phase was 87 days for motivation, 130 days for intensive, and 128 days for maintenance phase. At the end of the data collection period, 31 offenders (36.5%) graduated, 38 (44.7%) were active, and 16 (18.8%) were expelled. During the course of the drug court program, 58 percent had some type of negative behavior that resulted in a sanction by the court (a part of the drug court). In response to this negative behavior, the tendency of the court was to use control oriented sanctions (65%) or mixed (a combination of treatment and control) sanctions (18%). The most frequent sanctions were incarceration, increased reporting, and termination from the program. Very few sanctions relied on treatment option such as intensifying the treatment services, using self-help groups, community service, or written assignments. Offenders given control sanctions were more likely to be expelled in the drug court than offenders given treatment-oriented sanctions.

Involvement in the DSAT programming appears to have a number of benefits for the participants. Using the CEST (Client Evaluation Self Test), we compared the results for clients that had both a baseline and follow-up interview. The results indicate that participation in the DSAT curriculum experienced a reduction in depression, hostility, and risk-taking behaviors, and an increase in social conformity, and therapeutic involvement. Equally important is that clients have the ability to identify personal progress, have a good attitudes towards program staff,

develop a good rapport with counselors, and recognize the competence of counselors; such offenders are more likely to make positive changes.

Multivariate models of predicting successful completion of the drug court program found that certain offender characteristics (have a partner and last grade completed) are important to outcomes as well as therapeutic engagement and social conformity. A limitation of these models is the sample size and a small percentage of offenders that were expelled in this sample.

Lessons Learned from this Study

Delivering treatment to substance abusing offenders is a difficult enterprise. Drug courts have the greatest potential to improve treatment outcomes for offenders if they offer good quality treatment services, retain offenders in treatment for over 90 days, and address compliance behaviors. This study has shown that a strategic approach towards drug treatment offered in a drug court setting have many positive outcomes. The underlying issue is that DSAT is a thorough and strategic approach in that it is built on a solid curriculum with a focus on addressing different aspects of recovery and assisting the offender in achieving skills to address recovery issues. As shown in this evaluation, DSAT can be effectively delivered through the mechanisms that were employed by OSA to include training the counselors, using quality assurance mechanisms, and working with the drug courts on the programming issues to support treatment engagement.

The DSAT curriculum appears to engage many of the offenders in the treatment process. The results from the CEST instrument illustrate that the treatment program had a number of positive benefits on offenders including more social conformity and less risk taking behavior. And, many of the offenders had a good rapport with the counselors which is an important predictor of engaging offenders in treatment programming. Another attribute of the DSAT process is that relationship between the offender and counselors was positive.

Study findings revealed that the courts had a tendency to use control-oriented sanctions, and bivariate results suggest that these are not likely to improve drug court outcomes. The use of control sanctions appears to undermine the drug treatment programming. More offenders who receive control sanctions are more likely to be expelled from the program. Treatment based sanctions may reinforce the treatment progress that offenders are making in the DSAT treatment program, and may help retain the offender in the drug court program. For the Maine Drug Courts, program retention is an issue, and it appears that actions by the court may be useful in improving program retention. The sanctions used were rather flat and were not progressive, indicating that the sanction practice tends not to meet the criteria of evidence-based sanctions or reinforcers.

Conclusions

Quality drug treatment services has been raised as a national issue regarding the need to ensure that the tax dollars are well spent and achieve the greatest outcomes. Many states have struggled with the concerns that drug treatment services overall may not achieve the desired outcomes, and that much of the issues have to do with the quality of services provided and the qualifications of

treatment staff (Lamb, Greenlick, McCarty, 1998). The state of Maine in their drug treatment courts has taken a strategy that is considered desirable but few achieve—to develop a curriculum that is based upon sound principles of therapy, to train and advance the skills of the counselors that deliver the services, to evaluate the implementation and provide periodic feedback to improve outcomes, to include researchers in the team to provide objective feedback to the team regarding progress and components that should improve outcomes, and to address issues such as retention and screening tools as they occur. This evaluation study has shown that such a strategy can advance the delivery of treatment services.

The challenges before the state of Maine are the integration of treatment within the drug court setting. While the graduation rate overall is respectable (56 percent per Anspach and Ferguson, 2005), great strides need to be devoted to the 44 percent that do not graduate. The results from this study would suggest that the non-graduates are more likely to be the more difficult offenders with multiple needs (e.g., dual diagnosis, employment issues, hostile, higher levels of risk-taking behavior, etc.). And, the actions of the drug treatment court may need to be more attuned to the factors that can engage these offenders in a therapeutic process. The drug treatment court, as part of an overall strategy for advancing drug treatment and court practices, may desire to consider some of the following:

- Educate the judiciary on engagement and cognitive behavioral strategies for offenders that tend to be high risk and hostile, and those that appear to be less engaged in the treatment process;
- Educate the judiciary on the use of treatment oriented sanctions to shape offender behavior as part of the natural continuum of responses to negative offender behavior and advance the use of treatment related rewards to reinforce positive behaviors
- Advance the use of the judiciary (as is the case in a few drug courts that we observed) to have informal sessions with offenders to discuss treatment and the value of the treatment processes as well as the drug treatment court; and,
- Use different assessment tools to determine offenders that are less engaged in treatment, less committed to conformity, more high risk takers, and more likely to be hostile.

A few minor adjustments should assist with further integrating the drug treatment services into the fabric of the drug court. Maine has an excellent start with the DSAT curriculum, and these additional components may serve to continue the progress.

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